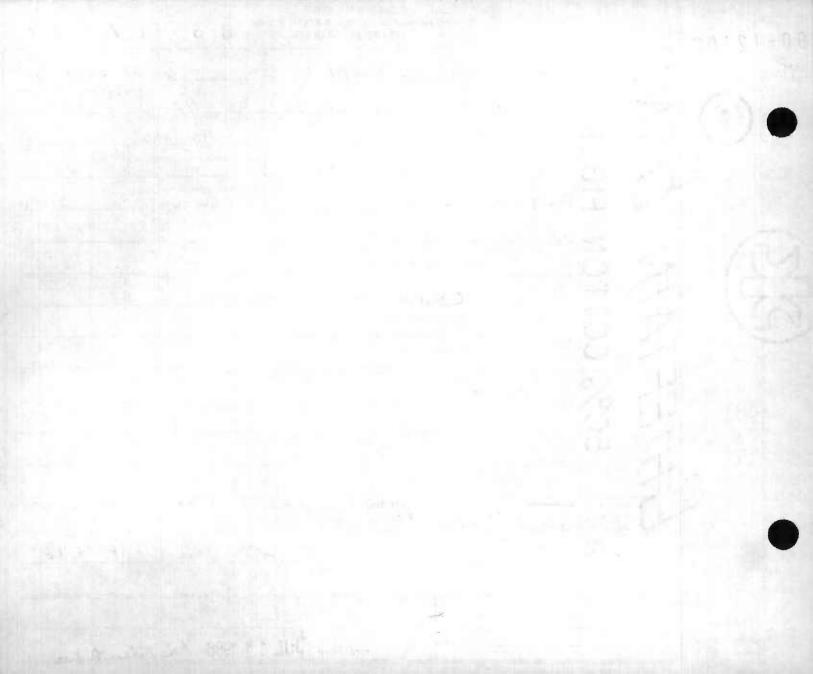
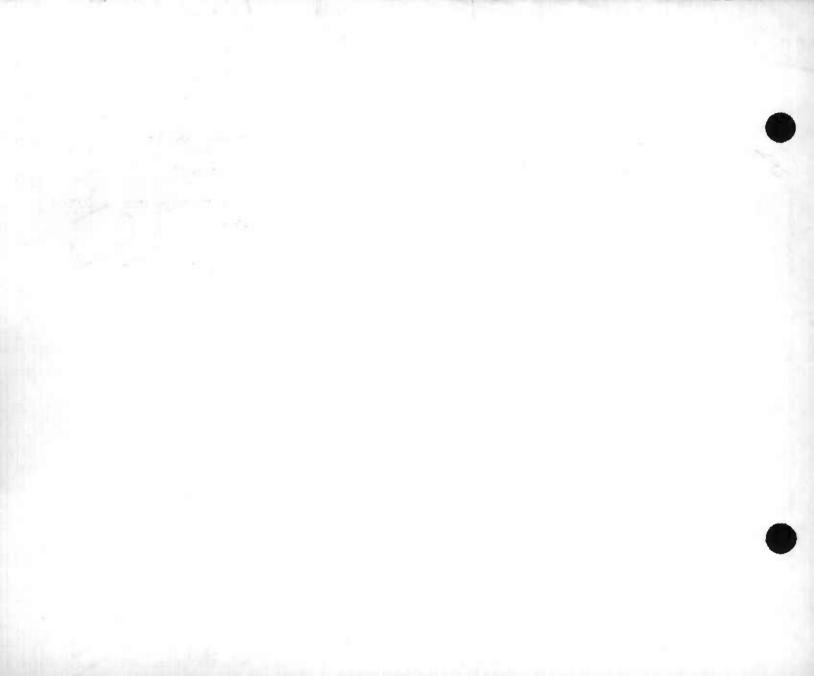
STATE OF MARYLAND



1 1 1 2 2	1 -	FOR STATE REGISTRAR			DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYC ICATE OF DEATH	GIENE 8 6	17	1 5	38
deser 3		CEASED NAME OR PRINT)	COA	A	MIDDLE		YANT	6.	17.	28	2.55 M
ector. po	3. SE	F		4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIRTHD	YRS	DER I YEAR	HOURS MIN.
10		RTHPLACE (STATEORE COUNTRY) N. Carolin	na	U.S.		WIDOWE		9. BALTIMORE CITY OR C Howard Coun		HTAB	_ MC
) 11 8/		ty or town of DEA Columbia	TH				al Hospital	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W HOUSEWIFE	ORKING LIFE) IN	N. KIND OF NDUSTRY	BUSINESS OR
Fill of the state	13a. S	AL RESIDENCE IF NURS STATE Tryland	13b COU	NTY	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Columbia	N	13d INSIDE CITY LIMITS? YES NO [	13e STREET ADDRESS / Z 6711 Hawkey		21	044
Serie / say	14. F/	George	Bow	man	LAST		15 Margar et	Francis MIDDIE		LAST	
if.	160	VAS DECEASED EVER		RMED FORCES? VE WAR OR DATES)	166 12 4		Hubert Bryan	ADDRESS t 6711 Hawkey		21044	
polocy rise criterianing payare property of cremation, or removal, or or other troumatic event, it		PART 2 OTHER SIGN	which mediate lost.	DUE TO, O  DUE TO, O  DUE TO, O  (c)	DEAY IR AS A CONSEQUE IR AS A CONSEQUE	ENCE OF	NONIA THTIC BON				
icate has been sign fronsit permit. Then Hygiene prior to bu 18 stooks any injury	CERTIFICATION	19a DATE OF OPERAL  21a, ACCIDENT WAS UND	TION	196 COND	ITION FOR WHICH		n was performed	20a AUTOPSY? 2	Ob. IF YES, WE N CERTIFYING YES []	RE FINDING CAUSES O	GS USED
ter this certificate s the burial-transit nond Mental Hygi rked or Item 18 st	MEDICAL C	OR CONTRIBUTING C	CAUSE OF DE	ATH HOUR A. R) P. 21e. PLACE	.M. MONTH DA	19	211 LOCATION STREET	CITY OR TOWN		COUNTY	STATE
should be detoched for use or with the State Dept. of Health IMPORTANT: If hem 21 is mor		27a. I certify that (1) sow the decease obove, (1) (work 27b. SIGNATURE 27d. PHYSICIAN'S NA	(this hosped olive or id) (did no	aller	/	e ta	22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAL		22c. DATE S	17/8
	23a. I	BURIAL, CREMATION,		73h DATE	21, 1986	NAME OF C	EMETERY OR CREMATORY Vista Burial	123d LOCATION	city Wa	sh. I	l'enn <sup>state</sup>
16 50M 4/83 A 15, 4)	24 F	INERAL DIRECTOR H	arry Ld Co	H Witzke lumbia E	e & Famil Pike Elli	y Fun	eral Home 250. DA	N 20 1986	REGISTRAR'S	SIGNATU	IRE

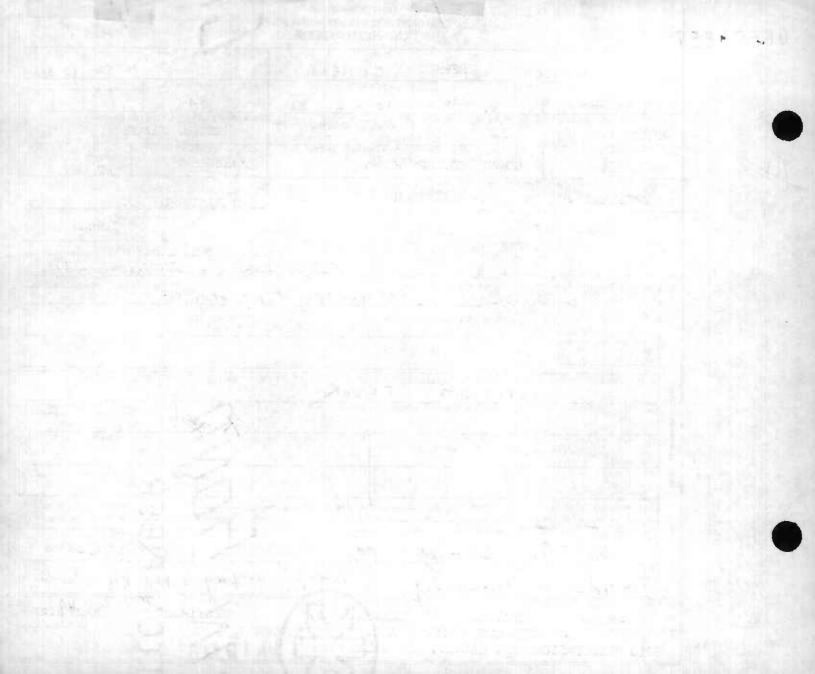


FOR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

17	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.	
	DECEASED NAME FIRST	WIDDIE		AST	20 DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
1	TYPE OR PRINT)	E JEFFRI	EY C	OHEN	6 -	16-86 12:31 AM
1.		RACE	5. DATE C		6 AGE   IN YEARS LAST BIRTHDAY)	MEUNDER 1 YEAR IF UNDER 24 HRS
	M ALE	HITE	10	0	34 YRS	
70	BIRTHPLACE (STATE OR FOREIGN 76. MARYLAND	USA USA	RY? 8. MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR COUNTY HOWARD COUN	
10	COLUMBIA	NAME OF HOSPITAL, NU I IF NOT IN SUCH FACILITY GIVE S HOWARD CO.			IZO USUAL OCCUPATION TATTORNEY	IZB. KIND OF BUSINESS OR INDUSTRY  AT LAW
1	JSUAL RESIDENCE (# NUR OR 01 30 STATE MARYLAND SALT	13c CITY OR 1		134 INSIDE CITY LIMITS? YES NO [	13e STREET ADDRESS / ZIP COD 2610 SUMMERSON I	
1	FATHER'S NAME FIRST MAIN MIC	COH	EN	15 MOTHER'S MAIDEN NA FIRST JEAN	NNE MIDDLE	CAPLAN
16	WAS DECEASED EVER IN U.S. ARME		SECURITY NO.		MRS. JEANNÉ COHEI ERSON RD. BALTO	
		DEFRESSION	TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GI	VEN IN PART Tro
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WE	,		IN CERTI	S, WERE FINDINGS USED IFYING CAUSES OF DEATH?
F-18/2	OR CONTRIBUTION C CAUSE OF DEATH	21b TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  21d INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OF	FICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
	22a 1 certify that (1) (this haspital saw the deceased alive on above, (1) (well did) (did.				deoth occurred an the date and ha	
	22b. SIGNATURE	an les	1	DEGREE  ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	6/16/86
	DATTAZ H.		4	127. ADDRESS	HILLERRY RIDGE	- Pd. Warbia.
2	BURIAL	23b. DATE 6/17/86	CHIZ	UK AMUNO	BALTIMORE	COUNTY MARYLIAND
2		EVINSON & BRC			TE REC'D. BY REGISTRAR 256 REGIS	
1	6010 REISTERSTOW	M KD. BALIO.		213	N 1.9 1086 Autism	Theiston Handau

DHMH - 16 50M 4/83 (VRA 15, 4)



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	y b	**		Ca		rine	Caldwe		avis			Jun		1986	
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	Pood	M	To BI	RTHPLACE (STATE OR FOR	IGN	7b. CITIZEN OF		TRY? 8.		9	BALTIMORE	CITY OR C		DEATH	
	the part	XY		OUNTRY)		TICA			NEVER MARRI						
_	P 1/54	164		ashington		USA.	IN LATINOOL	-	WED DIVORCE  OR OTHER INSTITUTION		HOW 20 USUAL OC		1.	101 KIND C	MD.  OF BUSINESS OR
	ie le	0/	10 0	IT OR TOWN OF DEATH		. (IF NOT IN SUC	H FACILITY, GIVE S	TREET ADDRESS)			TYPE OF WORK FO	OR MOST OF WO	RKING LIFE)	NDUSTRY	
5	0 5	12/	0	olumbia	1	Howar	d Cour	nty Ge	eneral Ho	spit	al c	lerk	1	reti:	red
212	100	1/0	USU/	AL RESIDENCE HE NURSING	HOME OR	OTHER INSTITUTION		BEFORE ADMISSIO			A CIDEET AD	DDECC / 711	CODE	4	4460
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X	pm om o	1020	-	Alfred				ers		know	n				
BALTIMORE, MARYLAND 2120	recu	13/		AS DECEASED EVER IN		MED FORCES?	166 SOCIAL	SECURITY NO	Joanne	Mat	ting1	ADDRESS			
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E	-0 -9 ×	t e		18 CAUSE OF DEATH	C-An and		-				CA DAMA				ONSET AND DEATH
80	/ _F	1 t		PART I. DE ATH WAS	CAUSED	D BY:	0		A de	1 ,	L		+	BETWEEN	1
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3	by the	othe other		underlying cause		100210,01	NAS A COIVS	EOOEIACE OI							
201 W. PRESTON ST	s the	0 70		PART 2. OTHER SIGNIF	CANITC	ONDITIONS CO	NITRIBUTING	TO DEATH B	LIT NOT BELATED TO TH	HE TERMAIN	IAI DISEASE	OR CONDITI	ONLO IVENI	INI DADT 1	
SQ.	sign sign	iny jury	z				L							BAFARITI	d
DIVISION OF VITAL RECORDS,	reen re	y in	CERTIFICATION	Carcinon					ION WAS PERFORMED		and	bone		CDE EINIDI	NGS USED
EC	wo ser	o o	<u>o</u>	198 DATE OF OPERATIO	14	198 COND	HON FOR WI	HICH OPERAL	ION WAS PERFORMED	D	200 AUTOP		CERTIFYIN	G CAUSES	S OF DEATH?
AI.	ho ho	ie ie	E					100			YES h	40	YES [		NO 🗌
<u>&gt;</u>	ysic cot	Hyg 8 s	Ü	210. ACCIDENT WAS UNDER		216. TIME O	F INJURY M. MONTH	DAY YEA	21c. HOW INJURY	OCCURRE	D (ENTER NATU	RE OF INJURY IN	ITEM 18 PART I	ORPARI 2)	Sommissi
Ö	C!A ph	Hem Hem	4	OR CONTRIBUTING CAU		IN .		DAT TEA							
Z	ding ding	Mer Mer	MEDICAL	21d INJURY OCCURRED		21e. PLACE	-		21f LOCATION						
ISIC	PH ten	pud	W.	WHILE TO NOT WHILE				FICE, FARM ETC )	STREET			CITY OR TOWN		COUNTY	STATE
20	NG to see	th o		AT WORK AT WORK									06		
	Z S S S S S S S S S S S S S S S S S S S	is m		22s. I certify that (I) (th		al) attended the	e deceased fr	GIII	2-86, 19.		, 10	-22-	. 19_		that (I) (we) last
	prite prite	of 1		saw the deceared	alive an			19	and that in (my) (aur)	apınıan de	ath accurred	an the date o	ind havi an	d fram the	causes stated
	hos hed	tem tem		22b. SIGNATURE		-	-1		DEGREE		1				SIGNED
	the LD		-3	1	11.1	1 / 1	91 m	D.	ATTEN	DING /	MEDICAL DIRECTOR	STAFF		6-2	2-86
	by by ERA	Stot N-		224 PHYSICIAN'S NAM	E LIVE OF	POPINITI	20 - 1	0 '			DIRECTOR	PHYSICIAN	0 1		- /
	OSP WN UN	the RT		01.1		- 4			110000000	0802	MIC	Kory	Ridge	92 /	Ed.
. 1	HO H	APORT		Richard 1	v. 3	mith	M.P.		G	olans	1a Mo	. 21	14		
1	77/11	15	23a. E	URIAL, CREMATION, RE	MOVAL	23b. DATE		23c NAME OF	CEMETERY OR CREMA	ATORY	23d LOCATI		,		
101	9BP 7	7		SPECIFY)		6/24	100	D M O	rematory,		CITY OR	rel	PG	YIMUO	MD STATE
11	, , ,		24. FL	INERAL DIRECTOR		10/24/	00	Manager 1	remarory	250. DATE F	REC'D. BY REC				
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	1			STA	TE OF MARYLAND			
958	1 -	FOR STATE REGISTRAR			HEALTH AND MENTAL HY FICATE OF DEATH	GIENE 8 6	. 17:	5 4 1
100		CEASED NAME FIRST		MIDDIE	IAST	2a. DATE OF DEATH	MONTH DAY YEAR	R 2b. HOUR
		Clip			air		6 12/8	- 10 M
	3. SE	male	4 RACE	MON		6. AGE (IN YEARS LAST BIR	MONTHS DA	
100	ia 8	RTHPLACE (STATE OR FOREIGN	Blac 76. CITIZEN OF	WHAT COUNTRY? 18.		9 BALTIMORE CITY C	YRS. PR COUNTY OF DEATH	<u> </u>
25		md.	U.3	5- A MARR WIDOV	ED NEVER MARRIED V	11- 10-		MD.
7/	10 C	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSING HOME THE FACILITY, GIVE STREET ADDRESS)		12a USUAL OCCUPAT		ID OF BUSINESS OR
1	C	olumbia	Howard	County Gene	eral Hospital	LABORE	$\mathcal{L}$	niking .
75	13a. S	AL RESIDENCE (IF NURSING HOME OF TATE 134 COL	OR OTHER INSTITUTION INTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	CAP CODE	21771 1. Pike
1	JA FA	THER'S NAME FIRST	WIDDIE	LAST	15 MOTHER'S MAIDEN NO	UNIC		LAST
1		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES?	166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRI	1/ 1/1	+ Aio. 1
1	-	18 CAUSE OF DEATH (Enter of	nly one couse per	line for (a), (b), and (c),	VIICASANI Vie	11) 1013149	Me I'll	ROXIMATE INTERVAL EEN ONSET AND DEATH
veni		PART I. DEATH WAS CAUS	ED BY: ATE CAUSE (0)	C	andin an	ust	GETWE	EN ONSET KIND DEKIN
ofice				R AS A CONSEQUENCE OF	Corp			
TOUM		Conditions, if any, which	(b)_		COPD			
thert		couse (a), stating the underlying couse last	DUE TO, O	R AS A CONSEQUENCE OF				
0.00		PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO DEATH RE	T NOT BELATED TO THE TER	ANNAL DISEASE OR CON	DITION CREEN IN BART	T 1
njury	Z O	TAKE 2 OTTEK SIGNIFICANT	CONDITIONS CO	DATE DE ATT	THO RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PART	1110
5/	CERTIFICATION	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH OPERATI	ON WAS PERFORMED	20a AUTOPSY?	286. IF YES, WERE FIN IN CERTIFYING CAUS	IDINGS USED
1	RTIF					YES NO	YES	NO 🗌
5		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		DE INJURY M. MONTH DAY YEA	21c HOW INJURY OCCUP	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR PART	2)
7	MEDICAL	(IF EITHER, NOTHY MEDICAL EXAMIN	P. PLACE		211 LOCATION			
	ME	WHILE NOT WHILE AT WORK	(AT HOME STE	REET, FACTORY, OFFICE FARM ETC.)	STREET	CITY OF TO	OWN COUNTY	STATE
		22a.1 certify that In (this has)	oital) attended th	e deceosed from	2 - 52 19	to		that w (we) lost
21 15		sow the deceased alive a above, (I) (we) (did) (did)	6-	12-86 10	and that in (my) (or) opinion	death accurred on the d		
hem		22b. SIGNATURE	any view inc oddy	One dealer	DEGREE			ATE SIGNED
=			200			MEDICAL STA	IAN [	-12-86
MPORTANT		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)		220 ADDRESS Howm	d G. Hospits	of Column	bin, Md
₹•	23a. 8	SURIAL CREMATION, REMOVA	L 23b. DATE	2)L NAME OF	CEMETERY OR CREMATORY	23d. LOCATION	COUNTY	STATE
		Durial	6-16	Of Apring	Juld Cemetery			
4/83	24 FI	INERAL DIRECTOR	1/4	1.1 ways 1	ms / 150. P	TE REC'D. BY REGISTRAR	25b. REGISTRAR'S SIGN	VATURE
	6	Garry W. Hall	anc -	gresville 1	nev .	OLA TO TOUR	Trina Daydoon	-Adnosise



6/6/86

STATE OF MARYLAND

2b. HOUR

126 KIND OF BUSINESS OR

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APPROXIMATE INTERVAL BETWEEN ONSET AND DEA

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IF UNDER I YEAR

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YES -

COUNTY

27L DATE SIGNE

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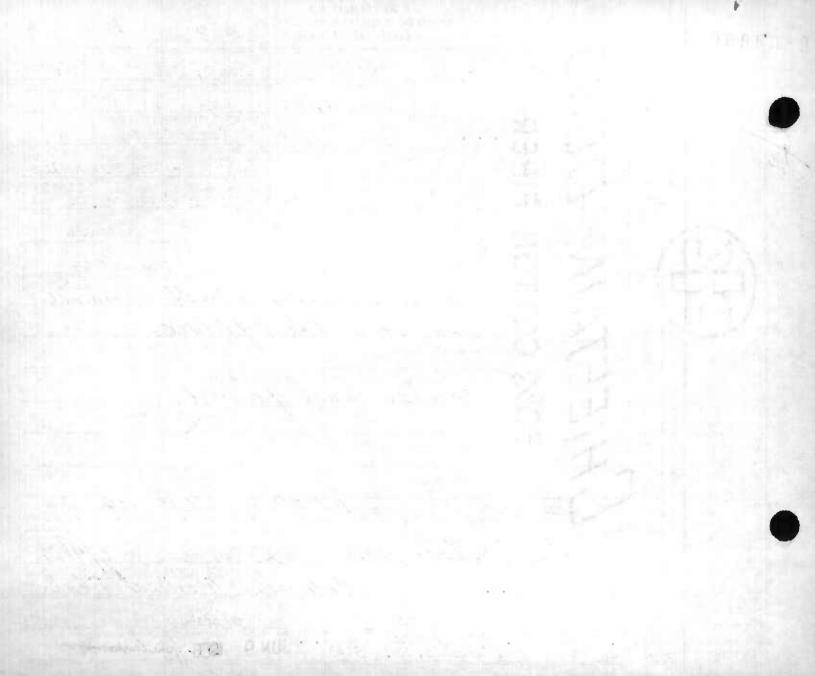
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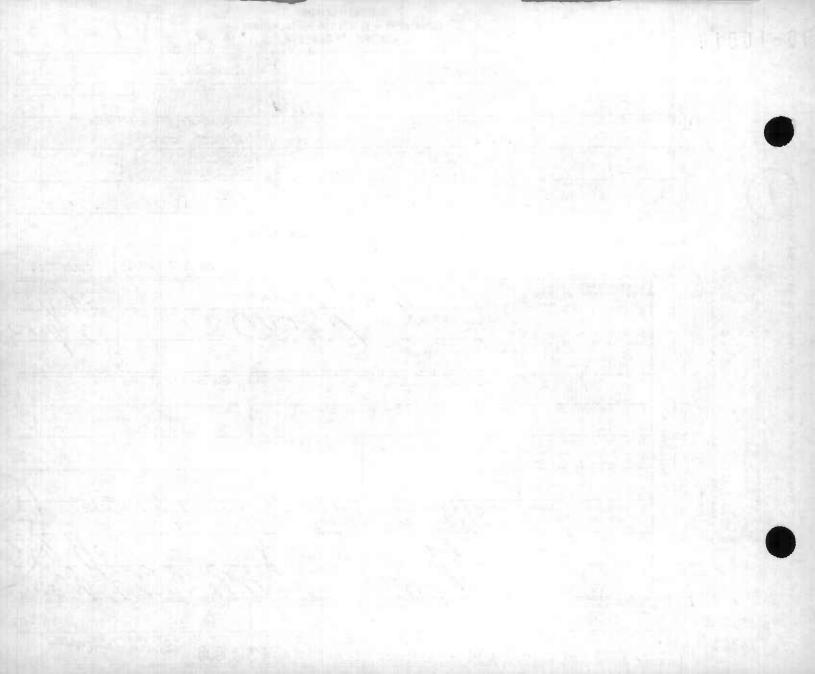
Burial

FOR

Spring Hill Cemetery Harrodsburg L'étable Russell C. Witzke Euneral Homes P. A. Dan Registrar 256, régistrar 256,



0.0	1	FOR STATE	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY	GIENE O &	17543
00-10918		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	1 , 2 , 0
		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONT	10
nay be page 3		Cuni	i Frohnhofer		June 19, 19	86
ge 4 mar ector, po irs after o	3. SE	× Female	White	5. DATE OF BIRTH  MONTH February 15,1905	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
Pag dire	7o. B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	(2.8	9 BALTIMORE CITY OF CO.	YRS UNITY OF DEATH
neral n 72	7	Germany	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	Howard Coun	
er de fui	10.0	ITY OR TOWN OF DEATH	NAME OF HOSPITAL NUIDS	ING HOME OF OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
t hed the	1/	Daisy	16076 H FACILITY, GIVE STRE A.E. MU	illinx koad	Housewife	KING LIFE) INDUSTRY
MARY IMD 2	£ 130	STATE NI COU!	gomery Deerwoo	WN 13d INSIDE CITY LIMITS?	13e STREET ADDRESS 17800 Mill Cr	ceek Dr. 20855
R vietely 2 st	14 F.	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN N	AME	
MAR wed w	U	Hans Suttner		Barba	ıra	LASY
BALTIMORE, cate be executable by second and compers. Pages 1 val.		WAS DECEASED EVER IN U.S. AR (YES NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? 16b. SOCIAL SEC VE WAR OR DATES) 063 03		Feldmann 17800	20855 Mill Creek Dr.
201 W. PRESTON ST., es that the death certific ned by the attending phy please remove carbanaviural, cremotion, or rema	NO	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQ  (b)  DUE TO, OR AS A CONSEQ  (c)	11/60	MINAL DISEASE OR CONDITIO	APPROXIMATE INTERVAL BETWEEN ONS AND DEATH
AL RECORDS, the low required to be been significated by permit. Then the primer to be the p	TIFICATION	14v. DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20s AUTOPSY? 20s.	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES [7] NO [7]
AN: Tohysical	38	SIR ACCOUNT WAS UNDERTING TO DEA		DAY YEAR 71L HOW INJURY OCCUR	RRED TENTER HATURE OF PLANET IN ITS	tool had
SICI SICI cert cert	MEDICAL	IN STHER POTTY MEDICAL EXAMINER	P.M.	10		
DIVISION OF NG PHYSICIA offending pi frer this certif of the burder is the burder.	WED	MATERIAL OCCURRED OF MATERIAL	21s. PLACE OF INJURY 1AT HOME, SHEET, FACTORY, OFFICE	TARM EIC.) STREET	City Of TOWN	COUNTY STATE
TTENDIR AFFORMER AFFO		22s.1 certify that (I) (this bases saw the december alive on above, (I) (#) (did/idid no	to seem the body other death	The June you warmy war opinion	death occurred on the date age	190 6, that (I) (we) lost I heur and from the course stated
TAL OR A y the has y the has grad DIREC defoched	,	724 SIGNATURE	o Floor	ATTENDING PHYSICIAN	MEDICAL STAFF	271. DATES IGNED
O HOSPITAL eroined by 11 TO FUNERAL should be det intit 16 State		JAME	5 L. Hope	RMD THE ADDRESS	TREPSPO	Ry Whoom
55 12 13	73a. (	SURTAL CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	734. LOCATION	COUNTY NEW WARRANTS
BP		Burial	June 30,1986 1		Flushing	New York
DHMH - 16 50M 1/81 (VRA 15, 4)			H Witzke & Fam: lumbia Pike Ell:	ily Funeral Homes DA	TE REC'D. BY REGISTRAR 250 RE	EGISTRAR'S SICKSATURE



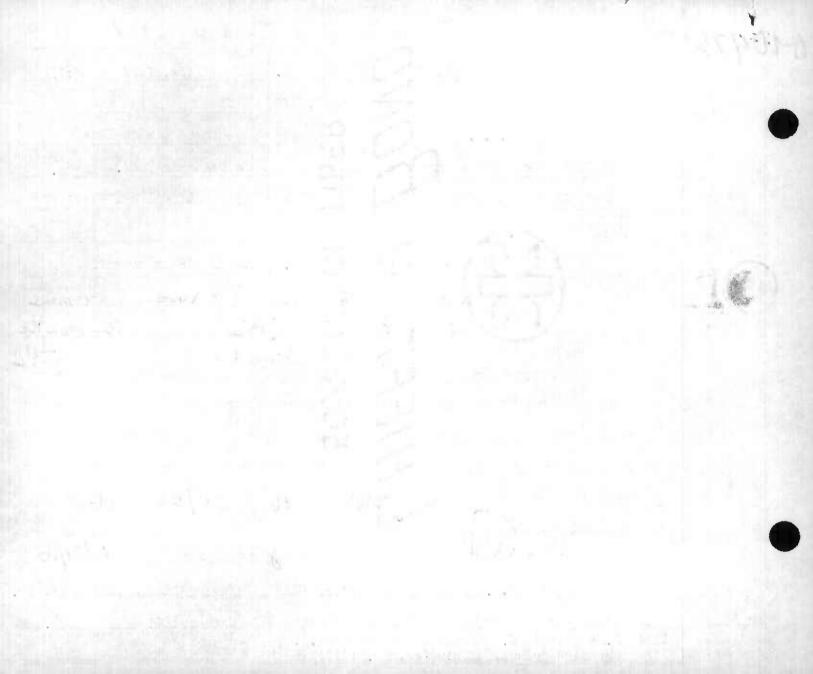
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE CERTIFICATE OF DEATH REGISTRAR 20. DATE OF DEATH I. DECEASED NAME Melba June 11. 1986 Grace Gardner 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR Female White April 4. 1923 BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED DENEVER MARRIED Howard County. Dunlo. Pa. U. S. A. 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR CITY OR TOWN OF DEATH Housewife Working LIFE INDUHRY memaker Columbia Medical Columbia Center ISO. STATE Md. UAL RESIDENCE (IF NURSING HOW OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13d. INSIDE CITY LIMITS? 10 S. Ellwood Avenue 21224 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME Sadie Harr 17 INFORMANT Baltimore, ADDRESS Md. 21224 212-22-7864 John A. Gardner, Jr.-10 S. Ellwood 18. CAUSE OF DEATH (Enter only one cause per line faffica), (b), and ici. PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (D) DUE TO, OR AS A CONSEQUENCE OF Cerdinescular d Conditions, if any, which gove rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION Causi 200 AUTOPSY? 19a DATE OF OPERATION 19h, CONDITION FOR WHICH OPERATION WAS PERFORMED 20h IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO I 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 210. ACCIDENT WAS UNDERLYING 21h TIME OF IN ILIRY HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STREET (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE 22a I certify that (I) (this hospital) attended the deceased from the deceased alive an. and that in (my) four) apinion death occurred on the date and hour and from the causes stated above, (1) (well (did) (aid not) view the bady after death 22c. DATE SIGNED 226. SIGNATURE DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR DIRECTOR PHYSICIAN 22e ADDRESS 12d PHYSICIAN'S NAME (TYPE OF PRINT) 23a. BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 6/13/86 Glen Haven Mem. Park -Glen Burnie, Md. 21061 3000 Baltimore St., Baltimore, Md. 21224184 DHMH - 16 50M 4/B3 (VRA 15, 4)

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5		LLICOTT CAL RESIDENCE (IF NURS	ING HOME OR	OTHER INSTITUTION	OUT EXTEN	ADMISSION)	13d. INSIDE CITY LIMITS?	Auto Med			Galactic Control
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IMPORTANT: #		228 PHYSICIAN'S NA  Charles  URIAL, CREMATION,	Sheeh	an M.D.	23¢. ħ	NAME OF C	11055 Litt	Pe Patuxe	N	rbway Co	olumbia. M



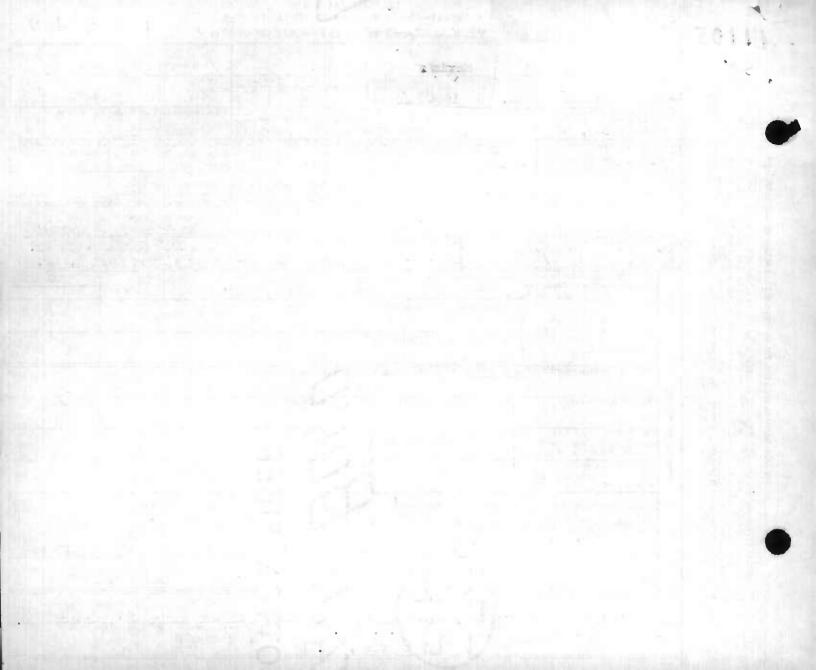
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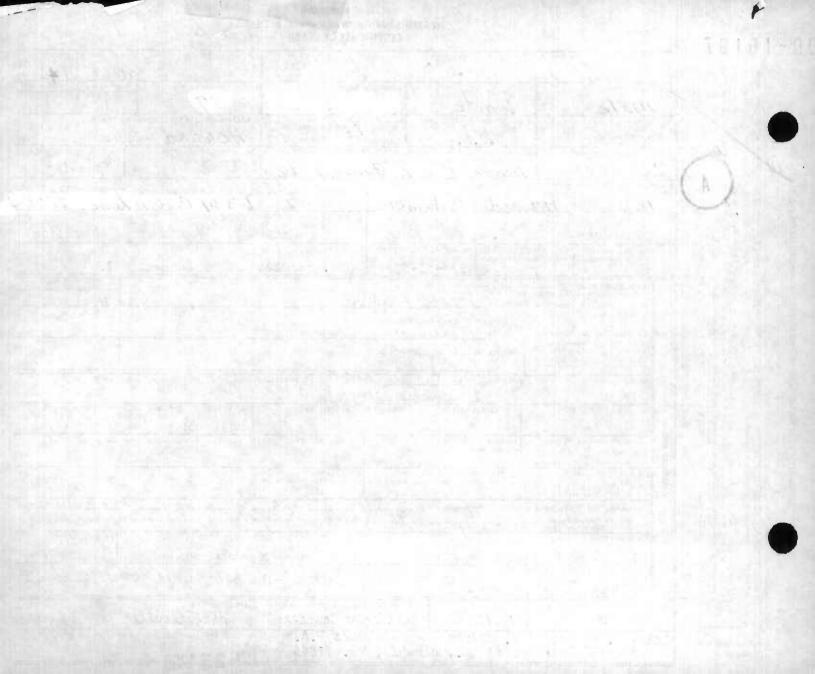
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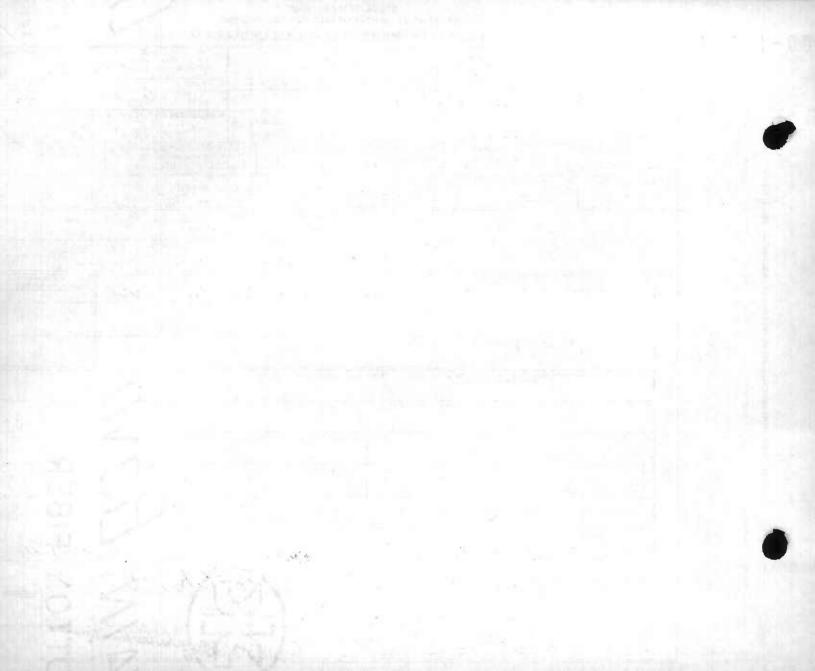
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Tir I. clestorth, P.A., Dalascus, Md.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 20. DATE KNOWN 2b. HOUR ESTI-(TYPE OR PRINT) Mary LIVERAL DIRECTOR.
FOR YOUR FILES.
HITHIN 72 HOURS
PRESTON STREET, race DEATH MATED 2d. HOUR DATE OF BIRTH 6 AGE (IN YEARS | IF UNDER 1 YR. IF LINDER 24 HRS 3 SEX 4 RACE DATE LAST BIRTHDAY) 50 M PRONOUNCED 87<sub>YRS</sub> Oct. 28, 1898 DEAD 7b. CITIZEN OF WHAT COUNTRY? 70. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. Maryland WIDOWED DIVORCED ID CITY OR TOWN OF DEATH 12n USUAL OCCUPATION TYPE OF WORK 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Johns Lane OR INDUSTRY Retire Nur St Ellicott City 21043 Nurse 18. GIVE PAGES 1, 2, NID WITH FORM PM 3. RETAIN MIT. PAGES 1 AND 2 SHOULD IN E, DIVISION OF WITAL HEAVED USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 3321 N. St Johns Lane 21043 30 STATE 13b. COUNTY Ellicott City Howard Maryland 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE MIDDLE LAST Bertie Daniel J. Lyons Lee Uhler 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. ADDRESS Catonsville (YES, NO, OR UNKNOWN) 220 30 2562 A M's Betty 1516 Copeland Rd 21228 NO Bittel APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W OR: APCE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGENE, D IND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:00 CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 71a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME. 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE COUNTY WHILE AT WORK PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE ST. BALLIMORE, MARYLAND, 2 220. I certify that I took charge of the remains described above, held on Autopsy Inspection / and in my opinion Homicide Undetermined monner Natural couses TITLE (SPECIFY) DATE EXAMINER'S NAME 230 BURIAL, CREMATION, REMOVAL 236 DATE July 2, 1986 Mt. View BP Burial Howard Maryland Inc 4112 Old Columbia Pike Ellicott City 24 FUNERAL DIRECTOR BY REGISTRAR 756. REGISTRAR'S **DHMH - 17** (VR A15 ME (5)) 20M 4/82



Home-4001 Benning Road,

FOR - STATE

24 FUNERAL DIREC

Stewart

uneral

DHMH - 16 60M 7/B4

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

26 HOUR

176 KIND OF BUSINESS

Prince

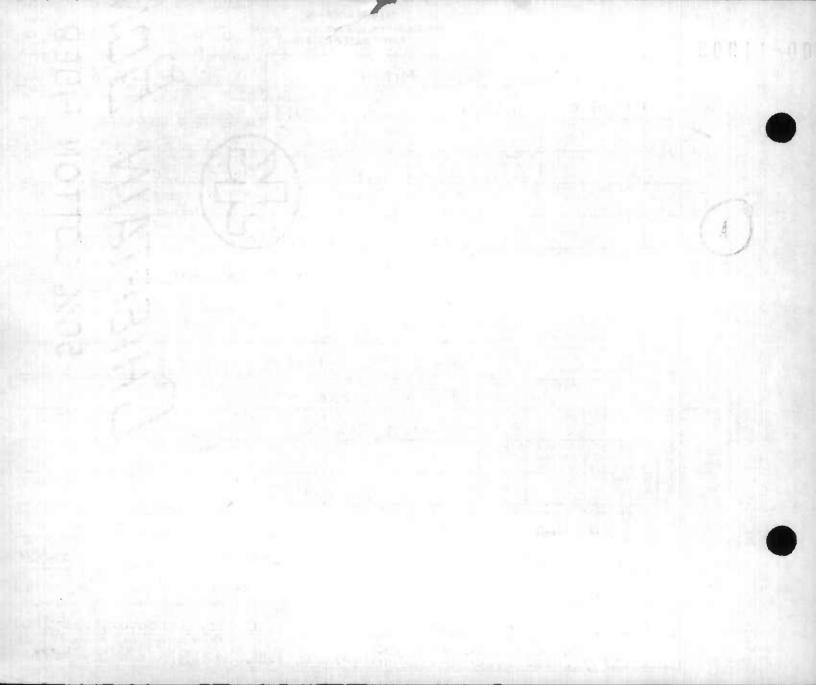
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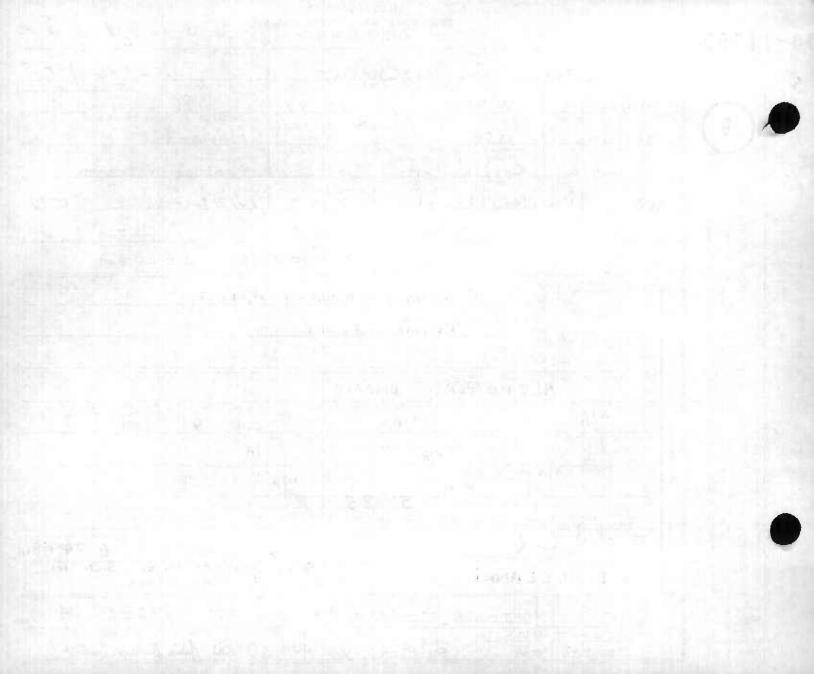
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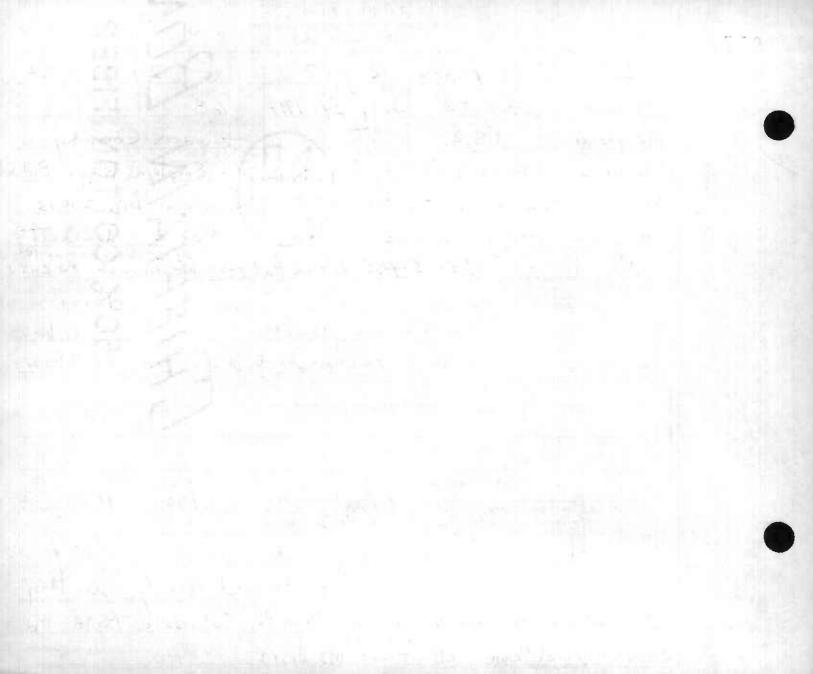
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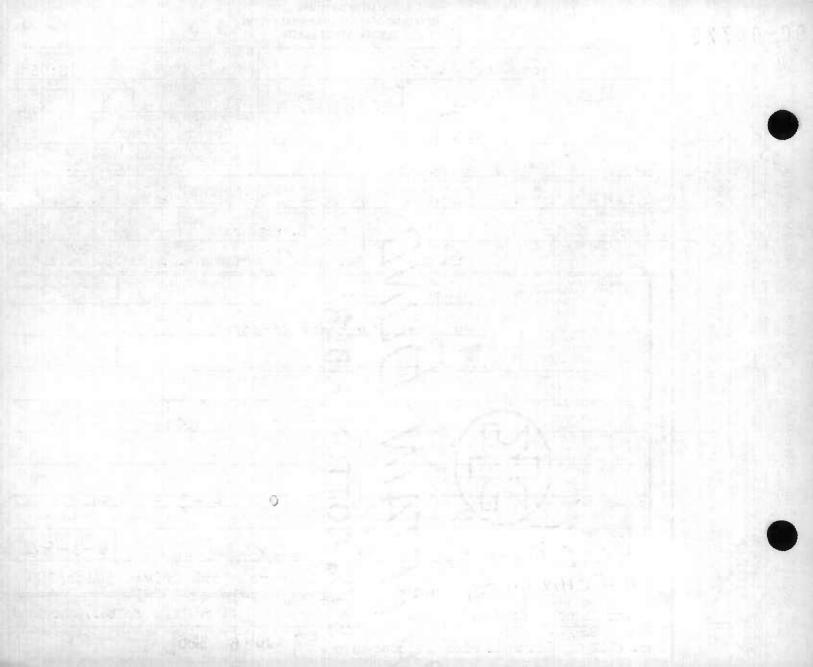


		STATE OF MARYLAND	
	FOR TATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 6	1555
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	1 DECEASED NAME FIRST	MIDDLE 20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
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ma)	3. SEX 4	RACE 5. DAN OF BUTH 6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1-YEAR IF UNDER 24 HRS
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h. ro	TO BIRTHPLACE (STATE OR FOREIGN 7)	B. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY	OF DEATH
and and	Maryland	U.S.H.   WIDOWED   DIVORCED   Howard	Dan Who
7/2 23 201	10 CITY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION (I) NOT IN SUCH FACILITY, GIVES PREET ADDRESS)	12b. KIND OF BUSINESS OR
2 2 2	Columbia	Howard County Gen. Hosp. Delf-Employe	d Kiggies Dillian
VD 212	130. STATE 13b. COUNT	THER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION   13d. INSIDE CITY LIMITS?   13e STREET ADDRESS / ZIP COD	DC. 21043
rhin thin	14. FATHER'S NAME	IS MOTHER'S MAIDEN NAME	11: 21075
MARYLAND ed within 24 min lely filled 2 should	William F	lenry Carlisle Ellen Marie	Duckett.
SRE,	160. WAS DECEASED EVER IN U.S. ARM	ED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	Vicademus Pol
be exected on an an area for the med	No.	215.05-446\$ Patricia Hadrews Westin	mster 18 21157
fr, BALT	18 CAUSE OF DEATH (Enter only	one couse per line for (a), (b), and (c).	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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or ATTEN hospital ORECTOR ched for u Sept. of He	obove, (I) (we) [did) (did not) 776 SIGNATURE	arew the body ager death.	72s QATE SIGNED
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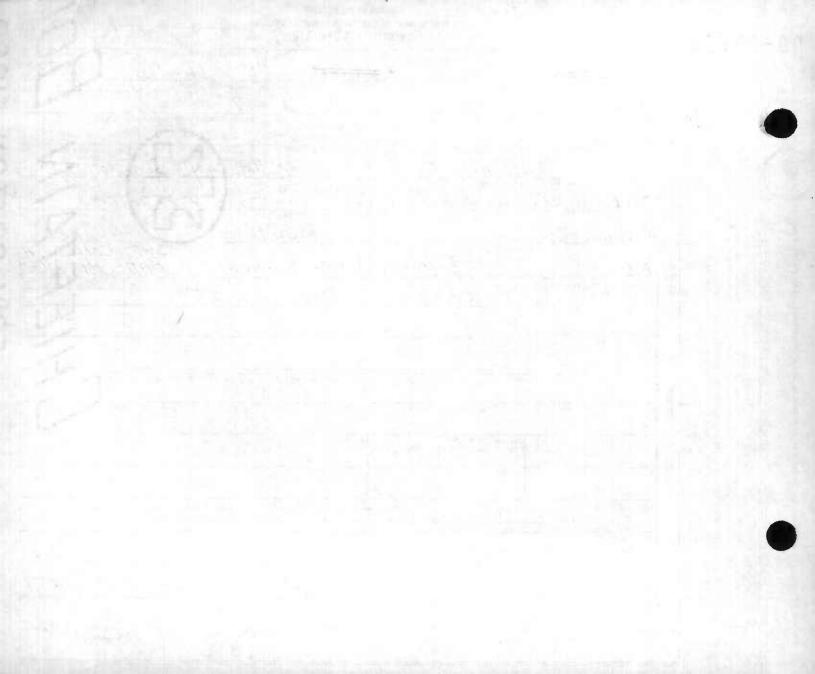
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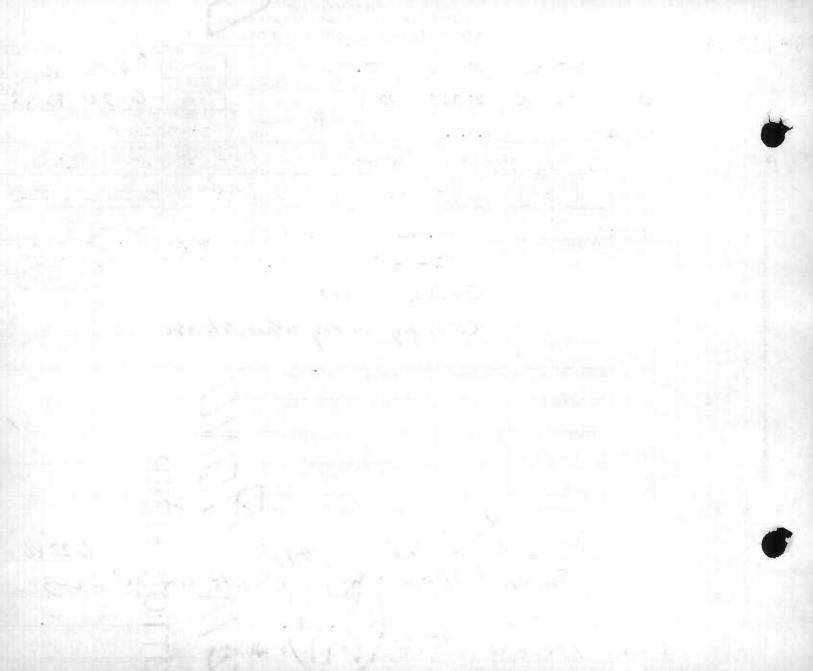
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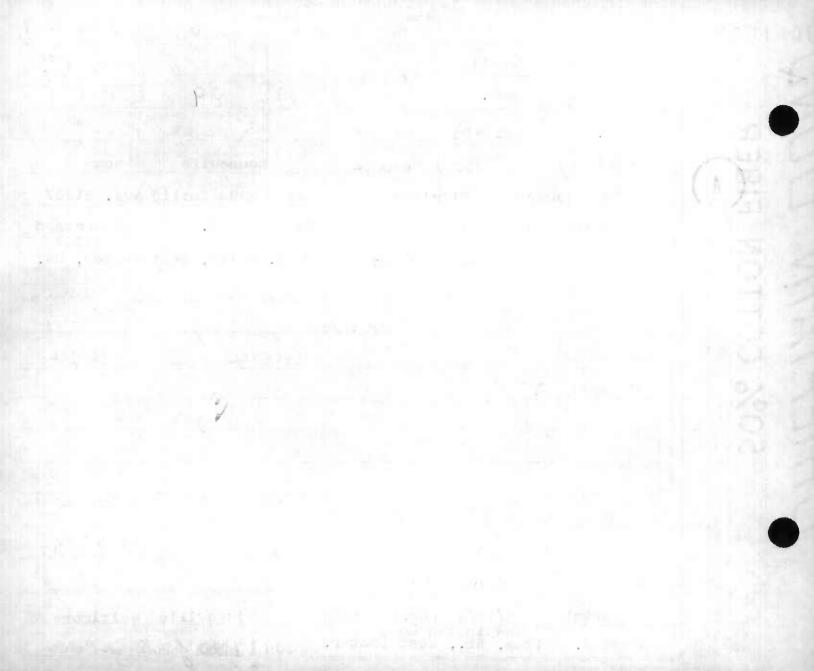
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. 20	SEA EXPENSE				(c)									- 14 111			
DIVISION OF VITAL RECORDS,	ATE SHOULD BE EXECUTED WITHIN 24 HOURS AFFEWORD, IN PENCIL IN ITEM 18. GWITHE CHIEF MEDICAL EXAMINER ALONG WITH LOBE USED AS A BURIAL - IRANSIT PERMIT. PAGENT OF HEALTH AND MENTAL HYGIENE, DIVISION BURIAL.	NO	PART 2 DTHER SIG	HIFICANT CONDITIONS	DATRIBUTING TO DI	EATH BUT NOT RELA	TED TO THE TERM	INAL DISEASE	DR CONDITION	GIVEN IN PART	T 1 (a).						
84	LEA A MEN	CERTIFICATION	190. DATE OF	PERATION	19b. CO	NDITION FOR	WHICH OPER	ATION W	AS PERFORM	AED?					2D AL	JTOPSY?	
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OF.V	NEN PER	CER	210 EXTERNAL			E OF INJURY A.M. MONTH	DAY VEAD	21c HC	OW INJURY O	OCCURRED	(ENTER NA	TURE OF INJUR	Y IN ITEM 18 PA	ART I OR PAR			
NO	SHOOK S		UNDERLYING CONTRIBUTIN	G CAUSE OF D		P.M.	19										
VISIO	ERT IN ED 1 3 SH PR	MEDICAL	21d INJURY O	CURRED		CE OF INJURY			CATION	July 1							
۵	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD."PE PAGE 4 SHOULD BE FORWARDED TO THE CHIEF A TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED. AFTER DEALY, WITH THE STATE DEPARTMENT OF HE BALLUMORE, MARYLAND, 21201 PR.OR TO BURIAL, C.	2	WHILE AT WORK	NOT WHILE AT WORK	]	, racioai, rakm, e	ic.)		THEE			CITY OR TOWN	CLL	COU	YTMU		STATE
	R: P.			that I taak charge	e of the remains	described abo	ve, held an	Autaps	y [].	Inspection	X.	Inquiry 2	and	in my ap	unian		
794	AND AND THE STATE OF THE STATE		death resulted	fram: Natur	al causes .	Accident	Su. Su	cide	, Hamicio		5.1	mined manr		,			
9	XAN ERTINE LID E WITH	Ю.		21	2	11	, 0		TITLE (SP	ECIFY)			1				0.0
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	<b>E27207</b>	23a. Bl	JRIAL, CREMATI	ON, REMOVAL 2	Bb. DATE	23c. N	NAME OF CEA	AETERY O	R CREMATO	RY	23d. LOC	ATION		COUN	ITY	STA	TE
	BP	24.5	BURTAI		23 JUNE	86 CR	ES TT AW	N MED			MAF	RRIOTT	and the same of th	The second second	WART	- Address	
	DHMH - 17	24 FL	NERAL DIRECT	1			268		2.31	5a. DATE RE	EC'D. BY R	0	25b REGIS				at the same
	(VR A15 ME (5)) 20M 4/82	2	ACK F	UNERAL	HOME	ELLIC	on CI	LYW	DZICY	3 1	UN 2	6 198	6		) specialists	A . E.	



STATE OF MARYLAND



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	AN A		innesota			U.S.A.			VED 🗆	DIVORC				County			MD
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	WERE DAY		WAS DECEASED	EVER IN U.S. ARA	AED FORCES		SOCIAL SECURI	TY NO.	17. INFORA	THAN			8091R	EAndir	on	Lane	
	ALT PAGE /		no				473-50-5	788	B.A.	Swe	nsie	i	Sava	ge, Mar	yla	nd 20	794
	S S S S S		18. CAUSE OF	DEATH (Enter ani	y one cause	per line far (c	a), (b), and (c).)								100	APPROXIMATE	E INTERVAL
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	五百歲五五五			s, if any, which	) (b	)									1 10		
	N WARE SO		couse (a)	stating the under-	< ' '		CONSEQUENCE	OF	0 18				Dynami				100
	S EXXXXX	100	lying cous	e lost.	(c)												
	ANDERES DE	10	PART 2 DTHER SIG	NIFICANT CONDITIONS C	DATRIBUTING T	D DEATH BUT NO	T RELATED TO THE TER	MINAL DISEAS	E OR CONDITIO	N GIVEN IN PA	ART 1 (o).						
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	MAL OUT	CERTIFICATION	190. DATE OF	OPERATION	19b. C	CONDITION	FOR WHICH OPE	RATION	AS PERFOR	MED?					2D,	AUTOPSY'	n 0m1
	E 350	1													AL	YES X	n Onl
	OF V	8	210 EXTERNAL	-		UR AM MO	IRY	P 21c H	OW INJURY	OCCURRE	ED LENTER	NATURE OF	INJURY IN ITEA	M 18 PART 1 OR	PART 2]		
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	CERTIFICATE RITING THE W RDED TO THE RE 3 SHOULD E DEPARTMEN	MEDIC	21d. INJURY O			PLACE OF IN.	JURY (AT HOME,		CATION			CITY OR I	OWN		COUNTY		STATE
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	* 3 % 2 % 5 % 5 %		TYPE OR PRIN	Ann I	M. Dix	kon, M.	.D.	0.021	ADDRESS_	TTT 1	Penn	St.,	Balt	co., N		21201	
	522542	23a.B	URIAL, CREMAT	ION, REMOVAL 23	Bb. DATE		23c. NAME OF CE	METERY C		ORY	23d. LC	OCATION OR TOWN		-	YIMUC		TATE
07/		1	CREMAT	ION	9 June	86	Westvie	w Mem	Pk.				ville	Dal	14.	10	
25A	DHMH - 17	24 F	UNERAL DIRECT			ADDRESS				250. DATE		REGISTE	RAR 256 RI	EGISTRAR'S	SIGNA	TURE	to the same of the
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## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REG. NO.				

REGISTRAR				CEKTIFI	CATE OF DEA	In		REG. NO.				ш
1. DECEASED NAME	FIRST	MIDDI	E	LA	ST		20. DATE OF DE	ATH MO	NTH DA	AY YEAR	2b. HO	UR
(TIPE OR PRINT)	BLA	WEHE S	THOM	1PSON				6	-1	- 36	2.	10
3. SEX		4 RACE		5. DATE O			6 AGE (IN YEARS	LAST BIRTHDA		F UNDER 1 YEAR	_	
Female		White	11-8 2	Dece	mber 19,	1893	92		YRS.	DAYS DAYS	HOURS	M
Te BIRTHPLACE (SI		76. CITIZEN OF WHA	T COUNTRY?	8.			9 BALTIMORE	CITY OR C		OF DEATH		_
°Maryla	nd	U.S.A.		WIDOWE	NEVER MAR	RIED !	Howar	rd Co	untv			
IO CITY OR TOWN		11. NAME OF HOSE		G HOME O			12a USUAL OCC	CUPATION		12b. KIND C		
Columbia		Howard Co			l Hospit	al	Housewi		DRKING LIFE)	INDUSTRY		
		OR OTHER INSTITUTION, GIVE	RESIDENCE BEFORE	ADMISSION)						1		
Maryland	13b. COL HO	ward E	Ilicott	City	13d. INSIDE CITY I	LIMITS?	3354 CC	oventi	rv Ct	2104	3	
14. FATHER'S NAME					15 MOTHER'S MA		NE .		1			_
Ench		Ma:	tkins		Mary E	Mox.	ley <sup>^</sup>	IDDLE		LA	151	
160 WAS DECEASED	EVER IN U.S. A		SOCIAL SECU	RITY NO.	17 INFORMANT		-	ADDRESS	1,79			
TYES NO OR UNKNO	(IF YES, G	VE WAR OR DATES) 2.	16 10 5	269 A	Mrs Geo	rge B	uckingha	am 33!	54 Co	ventr	y Ct	2
18 CAUSE OF	DEATH (Enter 4	anly one cause per line									XIMATE INTE	
	TH WAS CAUS	ED BY:			os guy	Arras	+				OOEN	
	IMMEDIA	TE CHOSE (d)			0							
Condition	121	DUE TO, OR AS			i lane.					Moi	NTH	5
Conditions, i	immediate		7,3511		· ·							-
cause (a), underlying		DUE TO, OR AS	A CONSEQUE	NCE OF	RIWARY	mis	in			DA	24	
PART 2 OTHE	SIGNIFICANI	CONDITIONS CONTR						P.CONIDIT	ION CIVE	NI INI DADT 1	1-1	=
		A O CEILAR				THE TERM	TAL DISEASE O	K CONOTT	OI V OI V EI	4 II 4 FART TO	10	
INO DATE OF C					WAS PERFORME	ED	20a AUTOPS			WERE FINDI		
EF C					III		YES TO NO		V CERTIFY! YES	ING CAUSES	S OF DEA	
218. ACCIDENT V	AS UNDERLYING				21c. HOW INJUR	Y OCCURRE						
OD CONTRIBUTION	CAUSE OF DE		MONTH DA	Y YEAR								
OR CONTRIBUTION  (IF EITHER, NOTING  21d INJURY OF		P.M. 21e PLACE OF IN	NJURY	17	211 LOCATION							_
WHILE AL WORK	NOT WHILE	(AT HOME STREET, F.	ACTORY, OFFICE, FA	RM ETC)	STREET		CI	ITY OR TOWN		COUNTY		STAT
	Al WORK	pital) attended the de	cented from	may	22	. 26	100	INEL	16	86	that (I)	(ma)
saw the a	eceased alive a	n Vune	2 19	4	that in (my) (our	r) opinion d			and have c	and from the		
abave, (I) 22b. SIGNATU		ot) view the bady after	r death.		EGREE						ESIGNED	
0	1/0			80.0.	ATTE	NDING	MEDICAL	STAFF			-86	
22d PHYSICIAL	Y'S NAME (TYPE	OR PRINT)	-		PHYS 22e ADDRESS	SICIAN 🗾	DIRECTOR	PHYSICIAN	1 🗆	0.7	-06	
					11055 H		, P. A.	Con	.6.	dre	7	-1-
		EVINE 1							4014,	no.	-U0'	75
23a. BURIAL, CREMA					METERY OR CREA	MATORY	23d LOCATIO	OWN		COUNTY		SLATE
	cial	June 5,					Balti			yland		
24 FUNERAL DIRECT	OR Harry	H Witzke	& Famil	y Fun	eral Home	250 DATE	REC'D. BY REGI	STRAR 256	REGISTR	AR'S SIGNA	TURE	60
Inc 4112 (	old Coli	mbia Pike	Ellico	tt Cit	У	001	4 19	00	PARTY ILL	on Jakens	1	

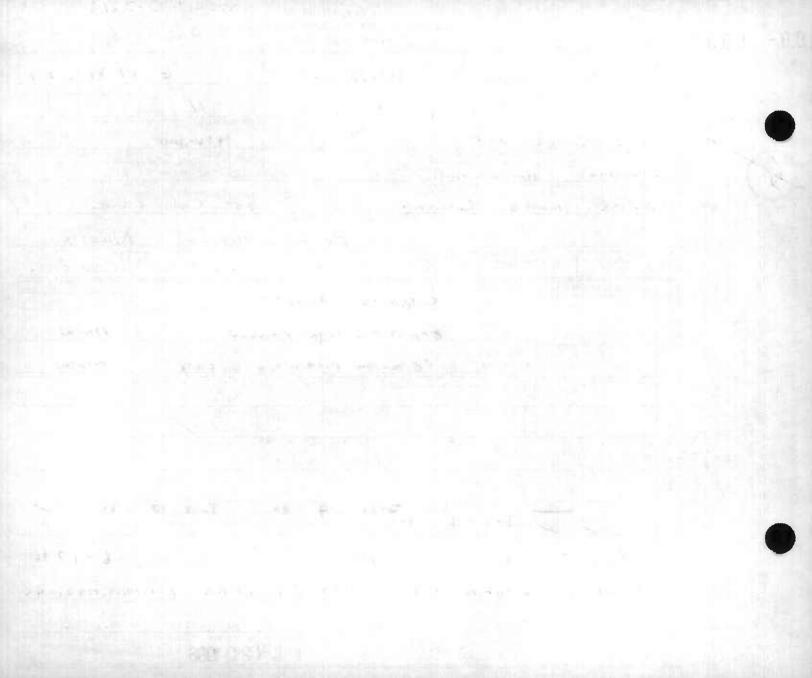
DHMH ~ 16 50M 4/83 (VRA 15, 4)

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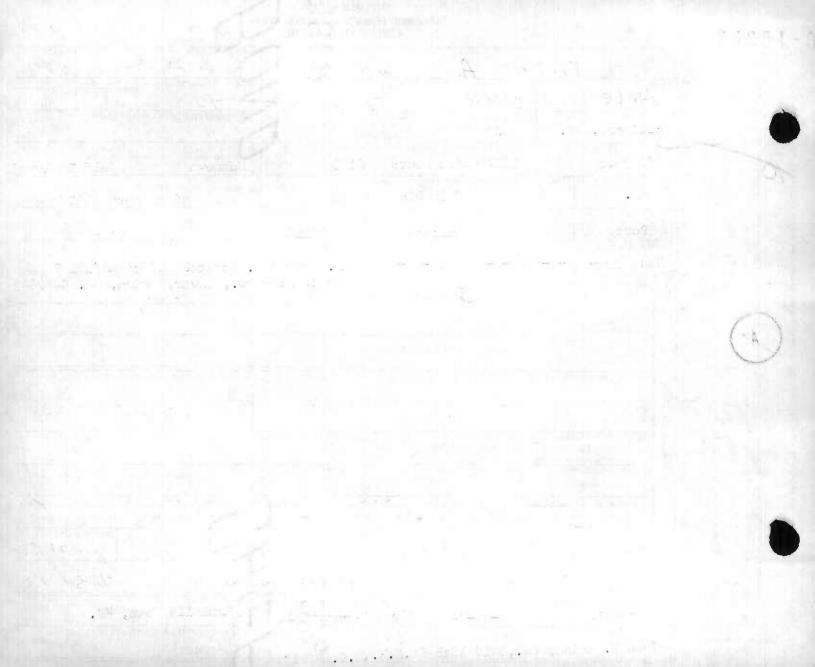
056 L	STATE OF MARYLAND  FOR STATE STATE STATE PERSISTRAR  STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH  REGISTRAR  CERTIFICATE OF DEATH  REG. NO.  TO DATE OF DEATH MONTH DAY YEAR 126 HOURE
	ECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 25. HOUR PEOR PRINT)  10. DATE OF DEATH MONTH DAY YEAR 25. HOUR COMPRISED TO SEE THE PEOR PRINT)
3. SE	111109 VOCADAC
	MALE WhitE 08- a6-15 70 YES MONTHS DAYS HOURS MIN.
1	BIRTHPLACE (STATE OR FOREIGN 7% CITIZEN OF WHAT COUNTRY? & MARRIED   NEVER MARRIED   PROPERTY OR COUNTRY OF DEATH  WIDOWED   DWORCED   HOUTER OF COUNTRY OF DEATH  WIDOWED   DWORCED   HOUTER OF COUNTRY OF DEATH
00	CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  120 USUAL OCCUPATION (IT PE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Ret. Major  12. KIND OF BUSINESS OR (IT PE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Ret. Major
13a.	UAL RESIDENCE (IF NURS IN COUNTY NOT CONTY NOT COUNTY N
20	ETIK F. Voelske Is Mother's Maiden NAME  Middle First  Margarete Kreutzer
	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS  (YES, MOOR UNKNOWN) (IF YES, GIVE WAR OR DATES)  217-42-1749 Helene E. Voelske Same as #13
CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), storing the underlying couse lost.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART II.0  HYPERENSION  190 DATE OF OPERATION  190 CONDITION FOR WHICH OPERATION WAS PERFORMED  200 AUTOPSY2  100 ETC, OR AS A CONSEQUENCE OF CONDITION GIVEN IN PART II.0  1190 DATE OF OPERATION  1190 CONDITION FOR WHICH OPERATION WAS PERFORMED  200 AUTOPSY2  110 CERTIFYING CAUSES OF DEATH?
	YES NO THE OF INJURY 1216 HOW INJURY OCCURED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
MEDICAL	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)  P.M. 19  21d. INJURY OCCURRED  WHILE OF INJURY  AL WORK  AL W
	22a I certify tha (1) this haspital) attended the deceased from 1983, to TWE 1986, tha (1) we) lost sow the deceased alive of 1986, and that in (my) our) apinion death accurred on the date and hour and from the causes stated above (1) we) (did) (slid not) view the body after death.
	726. SIGNATURE  DEGREE  ATTENDING PHYSICIAN DIRECTOR PHYSICIAN  276. ADDRESS  276. ADDRESS  276. ADDRESS  276. ADDRESS
	BURIAL, CREMATION, REMOVAL June 25,1986 Lee's Crematory Washington, District of Columbia



							STAT	OF MARYLAND	SSN 21	7-32	-3212	
0-1003	n	1-	FOR STATE REGISTRAR	en la		DEPARTI	MENT OF H	EALTH AND MENTAL HYO	0 0	. NO.	17	5 6 3
	Ŭ		EASED NAME	FIRST		MIDDLE	1	AST	20 DATE OF DEATH		DAY YEAR	2b. HOUR
oy be soge 3 deoth		TYPE	OUISE		Nico	115	WA	Iken		6	17 81	6 1020 PN
poog er de		3 SEX			4 RACE		5 DATE C		6 AGE (IN YEARS LAS	BIRTHDAY)	IF UNDER 1 YE	AR IF UNDER 24 HRS
A 000			F	100	Can	casion	MONTH 4	DAY YEAR	91	YRS.	MONTHS DA	HOURS MIN.
of the state of	2		OUNTRY)	OREIGN		WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CIT		TY OF DEATH	
	1		mter South C	Arlonin	U.S/-		WIDOW		140 W	arn		MD
W 9	1	10+CI	Y OR TOWN OF DEA	TH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUP	ATION STOF WORKING	LIFE) 126. KINE	D OF BUSINESS OR RY
19 1 1	2		L RESIDENCE (IF NURS	ING HOME OR	HARMEN OTHER INSTITUTION.		ADMISSION)		Housewi	<u>ie</u>		014
7113	5	130. S	Aryland	136 COUN		Columbi	N	13d. INSIDE CITY LIMITS?	13e.STREET ADDRES		Enne	2104
d with	37)	14 FA	Lawrence	Nico	oïis	LAST		15 MOTHER'S MAIDENNA	Andrea		11.	LAST D / 1.5
executer ond com	1	16a W	AS DECEASED EVER		MED FORCES?	16b SOCIAL SECU		17 INFORMANT	AD	DRESS 2	2117	
s. Poo	/	1/	0			217 32	3212	Mrs Robert D	ay P.O. Bo	x 132		
ING PHYSICIAN. The low requires that the death certificate be executed with critical physician. The formula physician of the complete of the certificate has been signed by the attending physician and complete of the busial-transit permit. Then please remove carbonapapers. Pages 1 and 2 th and Marcal Hygister prior to buriof, cremation, or removal.			18 CAUSE OF DEATH PART I. DEATH W	AS CAUSE	lly one couse per D BY (E CAUSE (o)		RDIA	C ARREST			BETWE	ROXIMATE INTERVAL EN ONSET AND DEATH
ding or rep				IMMEDIA		R AS A CONSEQUI						
deoth ce offendin nove corb otion, or froumotic			Conditions, if ony,		( 1b)			WE HEART FA	ILURE		M	on This
by the cose removed by the cose removed other transportant.			gove rise to imm cause (a), statin underlying couse	g the	DUE TO, OI	R AS A CONSEQUI		ar brown and	0.05		100	• LIMS
uires th signed to the pleo to buriol, ury, or or		-	PART 2 OTHER SIGN	VIFICANT O	CONDITIONS CO			NOT RELATED TO THE TERM				
been si mit. The prior to ony inju		TION			The same					T-41 - 19 11		
he fow ion. hos bee	2	CERTIFICATION	190 DATE OF OPERAT	ION	196 COND	HON FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERT	ES, WERE FIN TIFYING CAUS YES	SES OF DEATH?
SICIAN: Till physicial certificate certificate critical-transitional Hygis shi fem 18 shi	9		210. ACCIDENT WAS UND	AUSE OF DEA	HOUR A.	M. MONTH D	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF I	NJURY IN ITEM 18	PART 1 OR PART	2)
HYSK dang dang ms ce burid Men	/	MEDICAL	(IF EITHER, NOTIFY MEDIC		21e PLACE	OF INJURY	19	211 LOCATION				
offen offen the street orked		¥	WHILE NOT WH	K C	(AT HOME STR	EET, FACTORY, OFFICE, F	ARM, ETC )	STREET	CITY O	NWOI	COUNTY	STATE
ENDIF ol or OR: A: Use Healt			220.1 certify that (1) saw the decease								. 19.86	_, that (1) (we) lost
R ATTEN hospital IRECTOR hed for u Hed for u Hem for of Hem tem 21 is			obove, (I) (wer) o	lid) (did no		ofter death.		nd that in (my) (out) opinion	deoth occurred on the	dote and ha		
- 0 e 0 %0 =			220. SIGNATURE	4-5	-/-			DEGREE ATTENDING	MEDICAL S	TAFF		TE SIGNED
HOSPITAL ned by fluneRAL			22d. PHYSICIAN'S NA	ME LIYPE O	R PRINT)		/	PHYSICIAN [	DIRECTOR   PHY	SICIAN []	6	-17-86
D HOS	1		ROBERT		6000 W	IN , M.D		9650 542	TIAGO RO	COLU	MAIN, M	121045
Te sar 3.		23a. B	URIAL, CREMATION,	REMOVAL	23b. DATE	23c.1	NAME OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE
BP		C	remation		June 1	8,1986 W	estvi	w Memorial Pl	Catonsy	illa B	alto.,	Md.
DHMH ~ 16 60M 7/	84	24 FU	NERAL DIRECTOR H	larry	H Witzk	e & Fami	Ly Fur	neral Home JU	TE REC'D. BY REGISTR	AR 25b. REGI	STRAR'S SIGN	ATURE
(VRA 15, 4)		In	c. 4112 Ol	d Col	umbia P	ike Ellic	ottci	ty JU	N ZO THE	Gran	Deviden	1



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2a. DATE OF DEATH 1. DECEASED NAME 7h HOUR 8 MALLACE 5 DATE OF BIRTH A AGE LINIVEARS LAST BIRTHDAYS IF UNDER LYEAR IF UNDER 24 HRS 3 SEX YEAR Th. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH Pa. BIRTHPLACE (STATE OF FOREIGN MARRIED NEVER MARRIED Ball'imore, Md. USA DIVORCED X WIDOWED IN CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Md #202 Ouiet Hours Self Employed Unknown USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 13e STREET ADDRESS / ZIP CODE Columbia 13d INSIDE CITY LIMITS? 6517 Ouiet Hours #202 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Percy Wallace Lillian King ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT 160 WAS DECEASED EVER IN U.S. 212-46-5900 -66/6-6-69Army Mr. Arthur D. Scrutchins/friend/13147 Musicmaster Dr., Silver Spring & Man On State Of the Control of th 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: accinoda of fur IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 28a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [ NO [ 71a ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive an and that in (my) (our) opinion death occurred on the date and have and from the causes stated above, (1) (we) [did not) view the body after death 22L/SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL FUNERAL old be dete PHYSICIAN PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS MPORT 10RR151 23¢ NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL 23b DATE (SPECIBUrial Randatis Town, o'Md. 6-26-86 Kings Mememorial 24 FUNERAL DIRECTOR 25a DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE DHMH - 16 50M 4/83 John T. Rhines Co., 3015 12th St.N.E. D.C. (VRA 15, 4)



	1	FOR			DEPART	STAT		AND ME		YGIENE			10-79	. ,	90
00-08905	1-	STATE REGISTRAR				EXAMIN	-			75	H O	REG. NO.	/	3 0	.5
2.5.5.5.F.		CEASED NAME E OR PRINT)	AMI	E 1	DALE	3	w	R191	HT	20	OF E	STI	MONTH 6	4 1986	76 HOUR
RY, PLEA DIRECTO OUR FILL 772 HOU ON STRE	3 SEX	emole 1. RAC	rue	5. DATE OF BIRTH	99	LAST BIRTHDA	Y) MONTH	DER 1 YR.	HOURS	MIN. PI	RONOUNCE DE AD	0 6.	MONTH	DAY YEAR	26. HOUR 54.M
ECESSA INERAL FOR Y WITHIN	FO	RTHPLACE (STATE OR REIGN COUNTRY)  Maryland		76. CITIZEN OF W	HAT COUN	TRY?	8. MARRI WIDOW	ED NEV	VER MARRIE	ED U	BALTIMOR	WAR	COUNTY	OF DEATH	-Y MD.
HAY IS NECESSARY, PLEASE TO THE FUNERAL DIRECTOR. V PAGE 5 FOR YOUR FILES. BE FILED, MITHIN 72 HOURS DG 7201 W PRESTON STREET,	10. CI	ty or fown of DE. lkridge		11. NAME OF HOS (IF NOT IN SUCH FA	PITAL, NUI CILITY, GIVE ST Shing	ton Bl	vd. I			FOR MC	OCCUPAT OST OF WORKING emaker	G LIFE)	F WORK	2b. KIND OF E OR INDUS	TRY
AND 3 AND 3 RETAIN HOULD RECORD	13a S	L RESIDENCE (# IN NU TATE aryland	136 COUNTY		13c. CITY	or town ridge	ON)	13d. INSIDE (I	NO 🔀		T ADDRESS Wash	ingto	n bly	21227 vd. B-	7
RE, MD.		THER'S NAME FIRST Earl		MIDDLE		Gardne		Lé	R'S MAIDE	N NAME	MIDD			unkr Unkr	nown
T., BALTIMORE, MD URS AFTER DEATH. III S. GIVE PAGES 1, 2, WITH FORM PM 3, III. PAGES 1 AND 2 S, EDIVISION OF WITALL	16a V (Y	vas deceased ever es, no, or unknown) NO	IN U.S. ARM (IF YES, GIVE W			-09-46		Melv		. Wrig		20 Wa	B-11 shing	212 gton B	227 lvd.
201 W. PRESTON S' UTED WITHIN 24 HC EXAMINER ALONG RIAL - TRANSIT PERM D MENTAL HYGIENE ON, OR REMOVAL:		Canditions, if a gave rise to couse (a) stating lying couse lost.	IMMEDIATE ony, which immediate g the <u>under</u> -	CAUSE (a) DUE TO, OR  (b) DUE TO, OR  (c)	AS A CON	ISEQUENCE OF	OF .	OR CONDITION	N GIVEN IN PAR	KT 1 (a).	ar W	95645	<b>E</b>		
VITAL RECORDS, SHOULD BE EXECORD, ORD "PENDING", CHIEF MEDICAL, BE USED AS A BUI VI OF HEALTH AN	CERTIFICATION	19a. DATE OF OPERA				WHICH OPER								20 AUTOPS	
DIVISION OF VITAL RE  WER; THIS CRETIFICATE SHOULD  CATE, WRITING THE WORD "PE FORWARDED TO THE CHIEF M  OR: PAGE 3 SHOULD BE USED A  THE STATE DEPARTMENT OF HEL  AND, 21201 PRIOR TO BURRAL.	MEDICAL CE	210 EXTERNAL CAU UNDERLYING CONTRIBUTING Tald. INJURY OCCUR WHILE NOT AT WORK AT W	OR CAUSE OF DI RED WHILE	P.A.	I. MONTH	19 (AT HOME,	211 LO	CATION TREET	OCCURRE		CITY OR TOWN	IN ITEM 18 PAI	COUN		STATE
TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE.  PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PAFER DEATH, WITH THE STAMENORE, MARYLAND, 2		22a   certily that death resulted fram		of the remains de	Accident		Autap	Homic TITLEYS	Inspection inde	Undeter	Inquiry mined monn	er .	DATE SIGNED	6.4	86
O MEDIO XECUTE AGE 4 S O FUNE		EXAMINER'S NAME (TYPE OR PRINT)	Thomas	15 F.	Peri	hert,	M	ADDRESS_	Ellis	24	City	Ma	2/1	043	
BP	(	URIAL, CREMATION, F SPECIFY)  BUT  UNERAL DIRECTOR	rial	6/7/86		adowri	dge 1	Mem. I			ridge	HON 25b. REGIST	count ward	Mary.	land
DHMH · 17 (VR A15 ME (5)) 20M 4/82		bbard Fune	eral Ho	ome, Inc.			229 ns_A		JUN		1986	Julia De	wide	سالاسلا	٠

